OR

OR

TOTAL

ADD'L FEE

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Substitute for Form PTO-875

	CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY	OR SMALL ENTITY		
	FOR	NUMBER FILED	NUMBER EXTRA	RATE FEE	-	RATE	FEE
	BASIC FEE (37 CFR 1.16(a))				OR		
	TOTAL CLAIMS (37 CFR 1.16(d))	minus 20 =		X 8=	OR	X \$=	
- 11	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3		x \$=	OR	X \$=	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$=	OR	+ \$=	
93	* If the difference in colu	mn 1 is less than zero, ente	er "O" in column 2.	TOTAL	OR	TOTAL	
Z	1	IMS AS AMENDED -					
Z	8-11-00	(Column 1)	(Column 2) (Column 3)	SMALL ENTITY	OR	OTHER T SMALL EI	
BEST AVAILABLE COPY		CLAIMS REMAINING AFTER	HIGHEST NUMBER PREVIOUSLY EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	₩ Total	AMENDMENT Minus	PAID FOR	x s= /	OR	x s=	
	(37 CFR 1.16(d)) Z Independent (1) (37 CFR 1.16(b))	n Minus	···18 -	x s=	OR	x \$=	
\sim	5	TON OF MULTIPLE DEPENDE		+ \$=	OR	+ \$=	
P				TOTAL ADO'L FEE	OR	ADD'L FEE	
		(Column 1)	(Column 2) (Column 3)		-		
	F	CLAIMS REMAINING AFTER	HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Z Total	• Minus	PAID FOR =	x s=	OR	x \$=	
	Total Q1 CFR 1.16(c)) Independent U (17 CFR 1.16(b))	• Minus	=	X \$=	OR	x s=	
	5	TION OF MULTIPLE DEPEND	ENT CLAIM (37 CFR 1.16(d))	+\$=	OR	+ \$=	
	11			TOTAL ADO'L FEE	OR	TOTAL ADO'L FEE	
		(Column 1)	(Column 2) (Column 3))	_		
	· I	CLAIMS REMAINING AFTER	HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Z W Total	• Minus	PAID FOR		OR	× \$ =	
	(37 CFR 1.16(d))	• Minus		X \$=	OR	x \$=	
	(37 CFR 1.16(b))		<u> </u>		7		1 "

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Ine Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.